

100

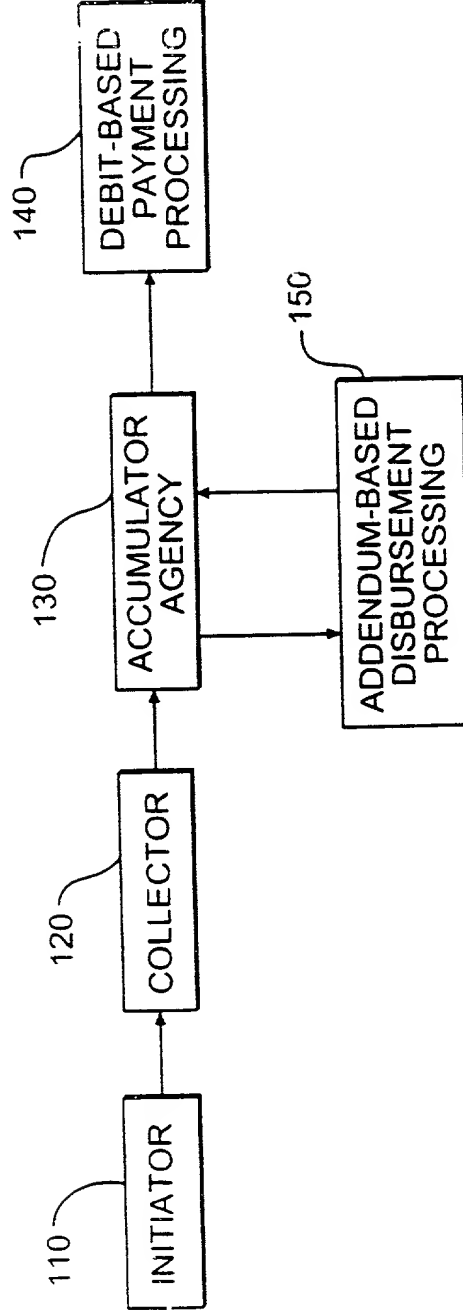


FIG. 1

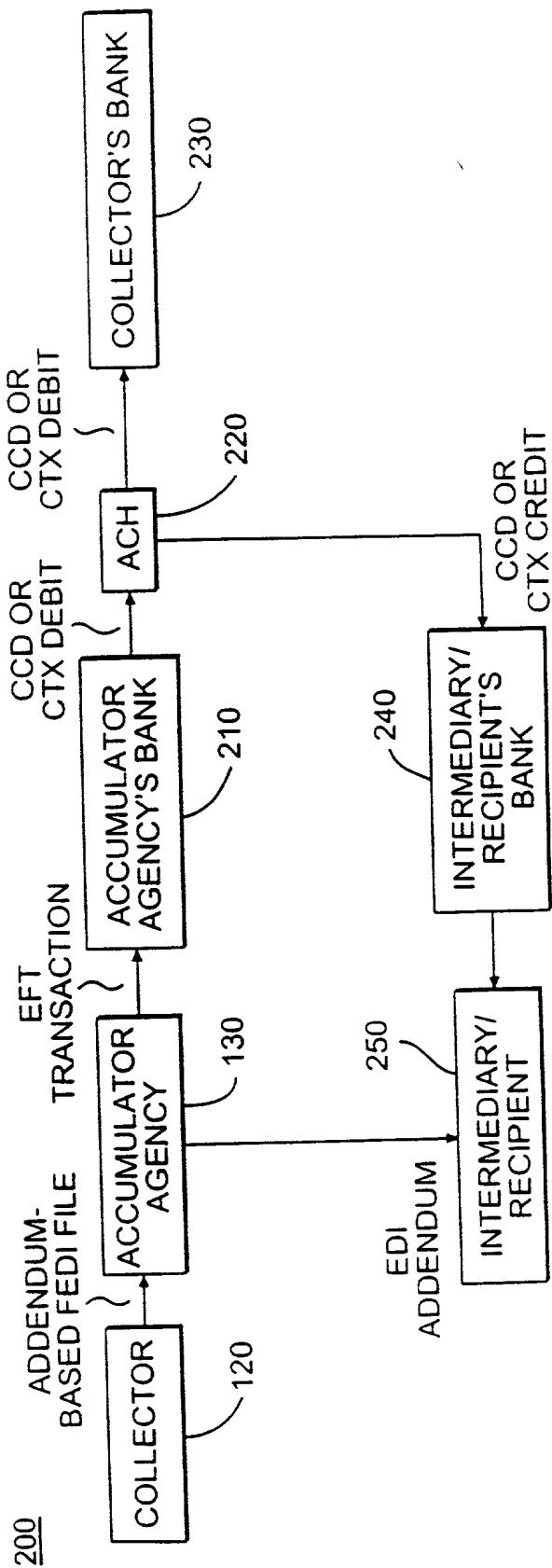


FIG. 2

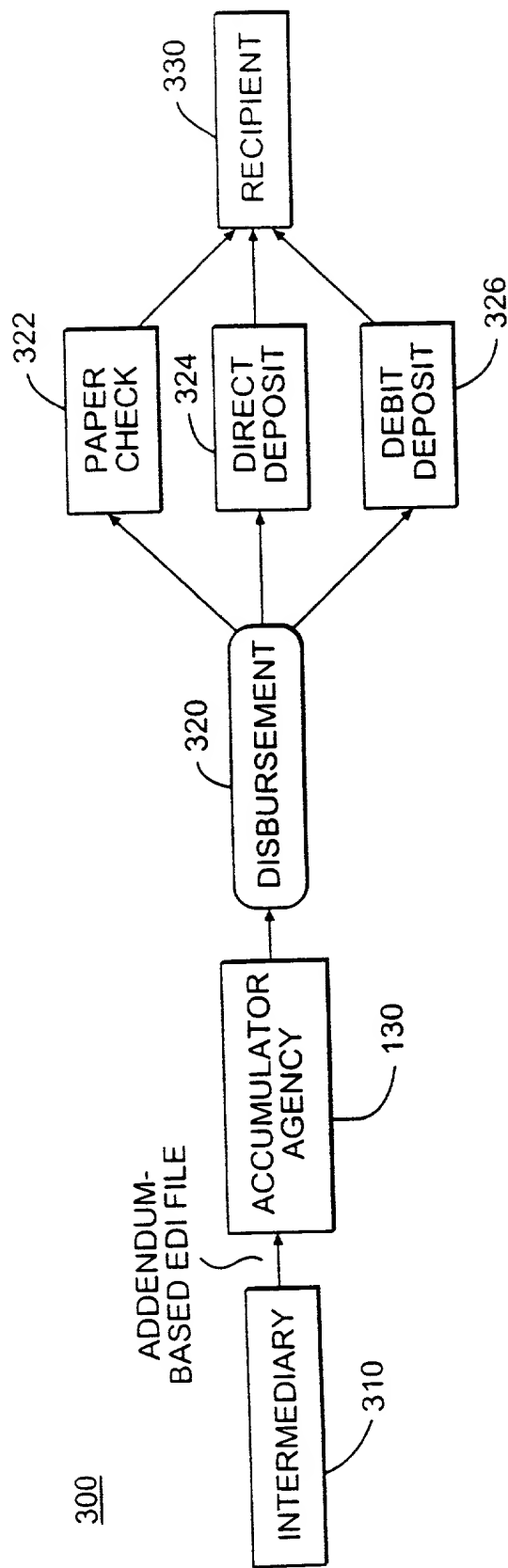


FIG. 3

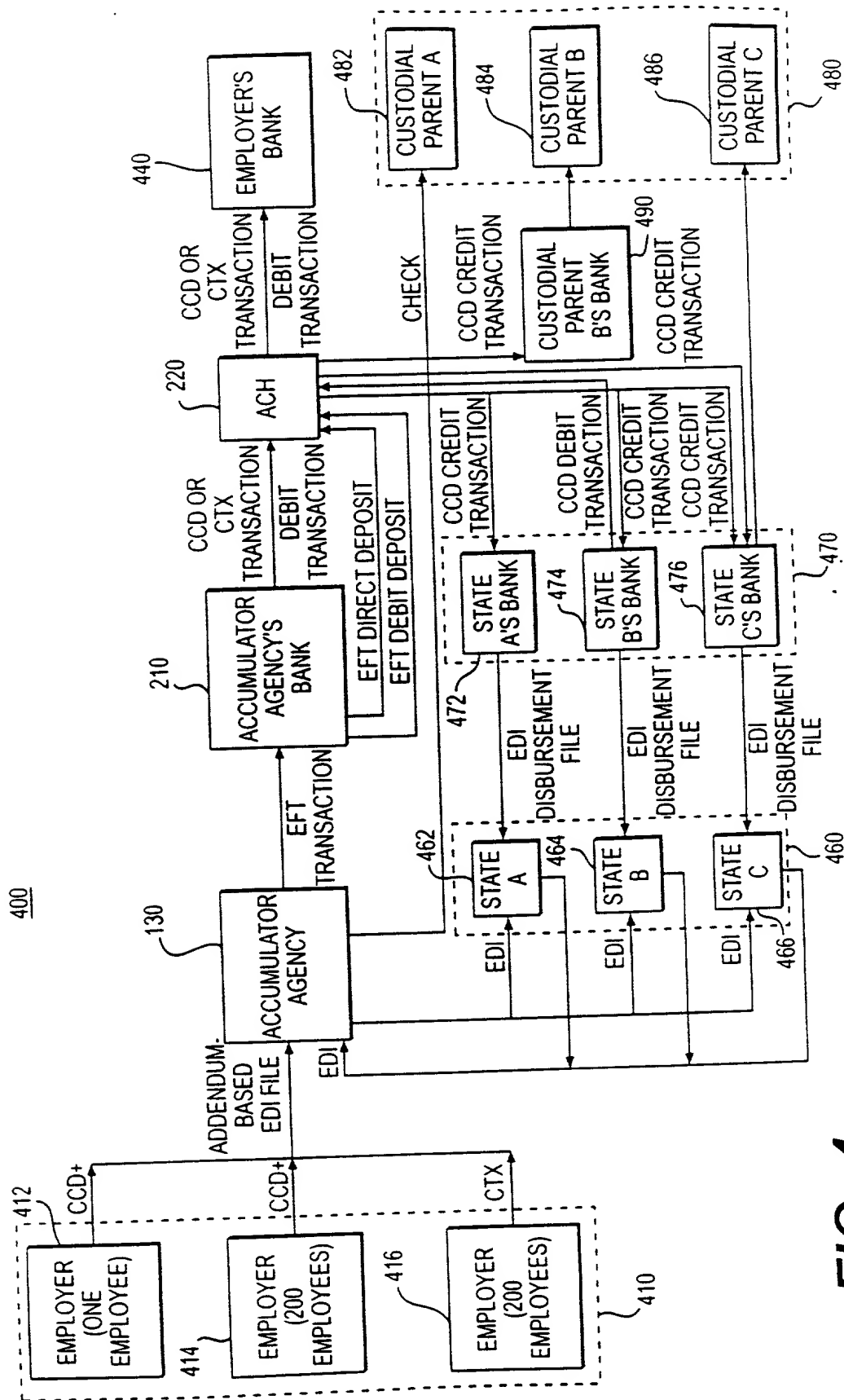
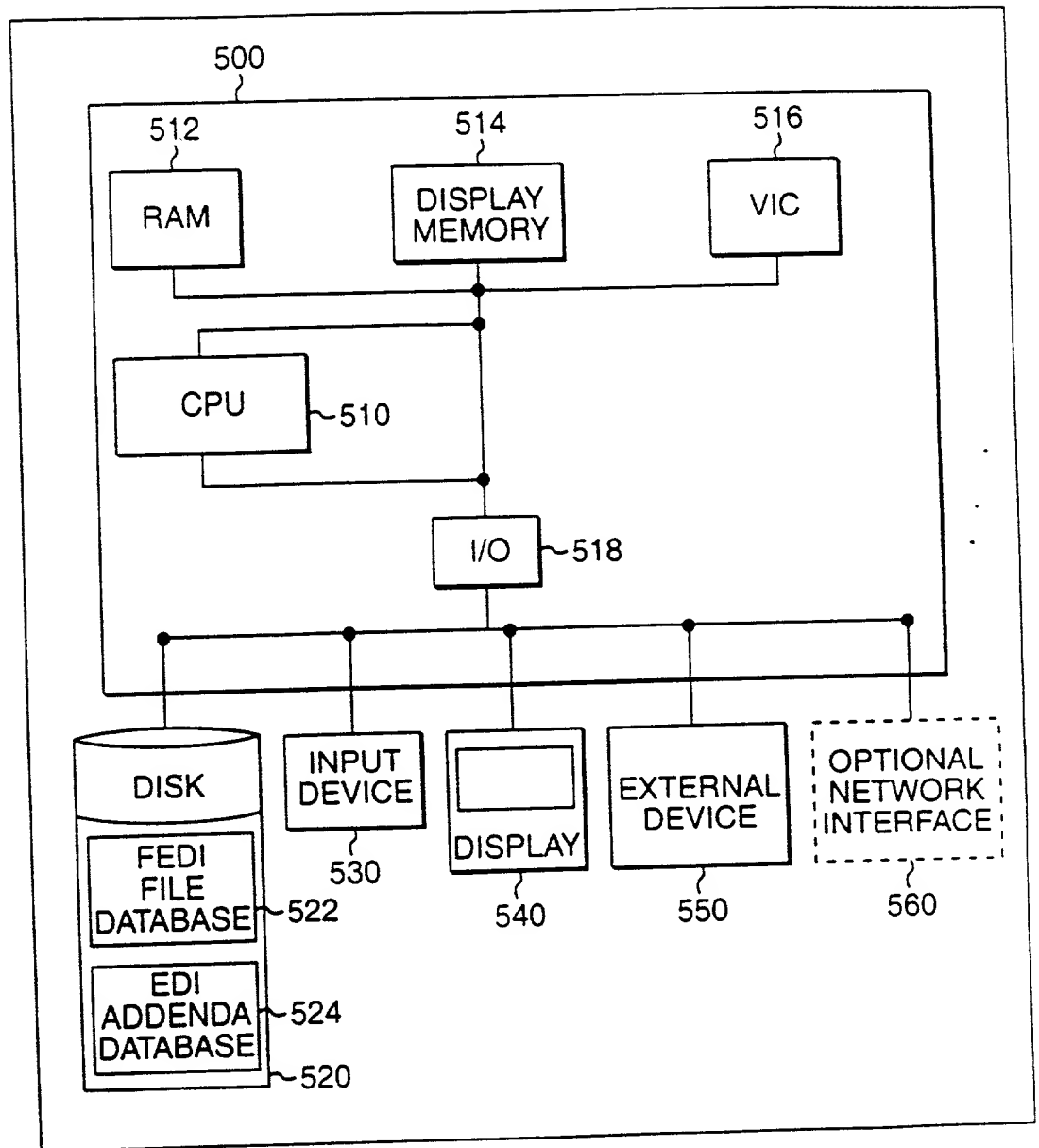
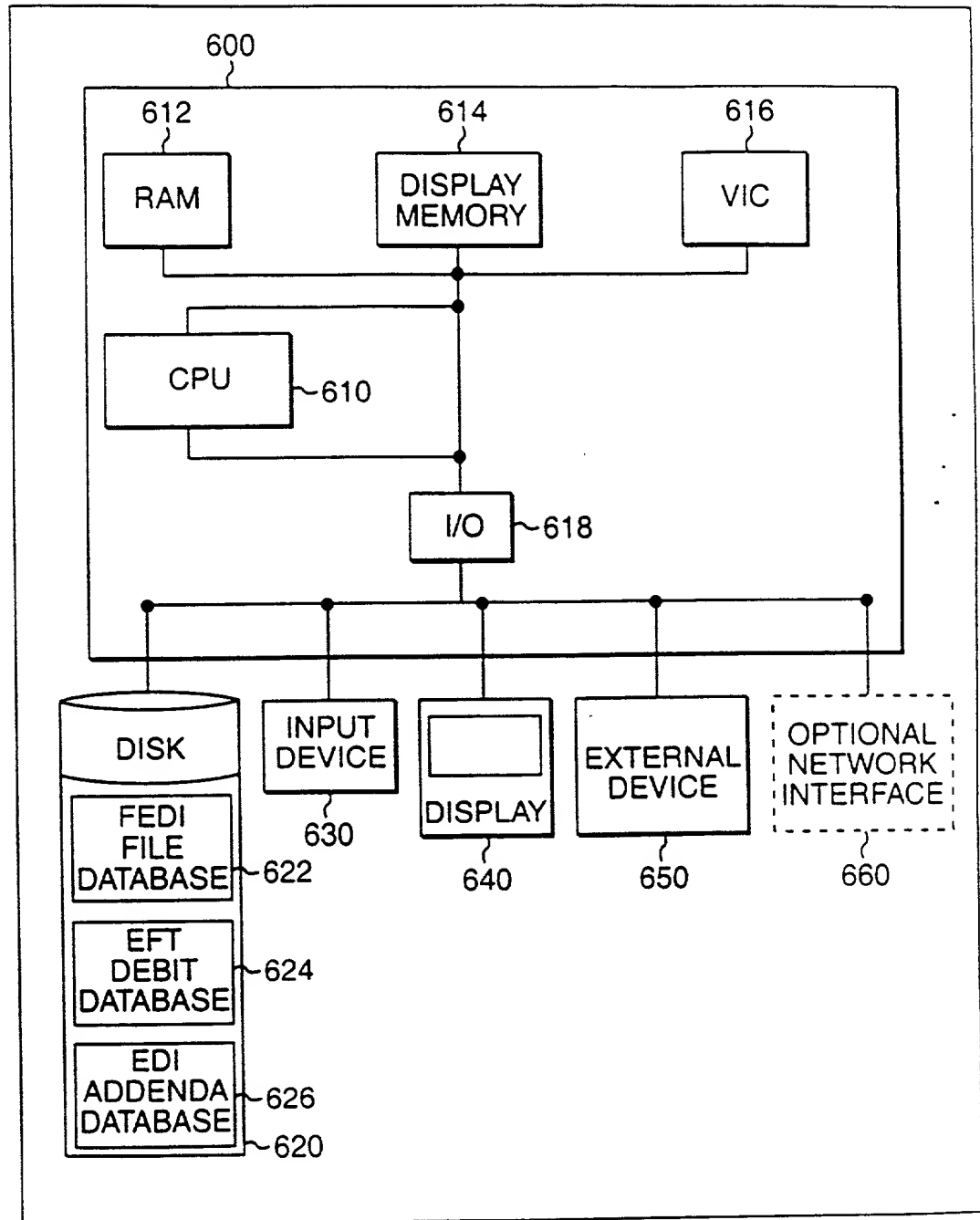
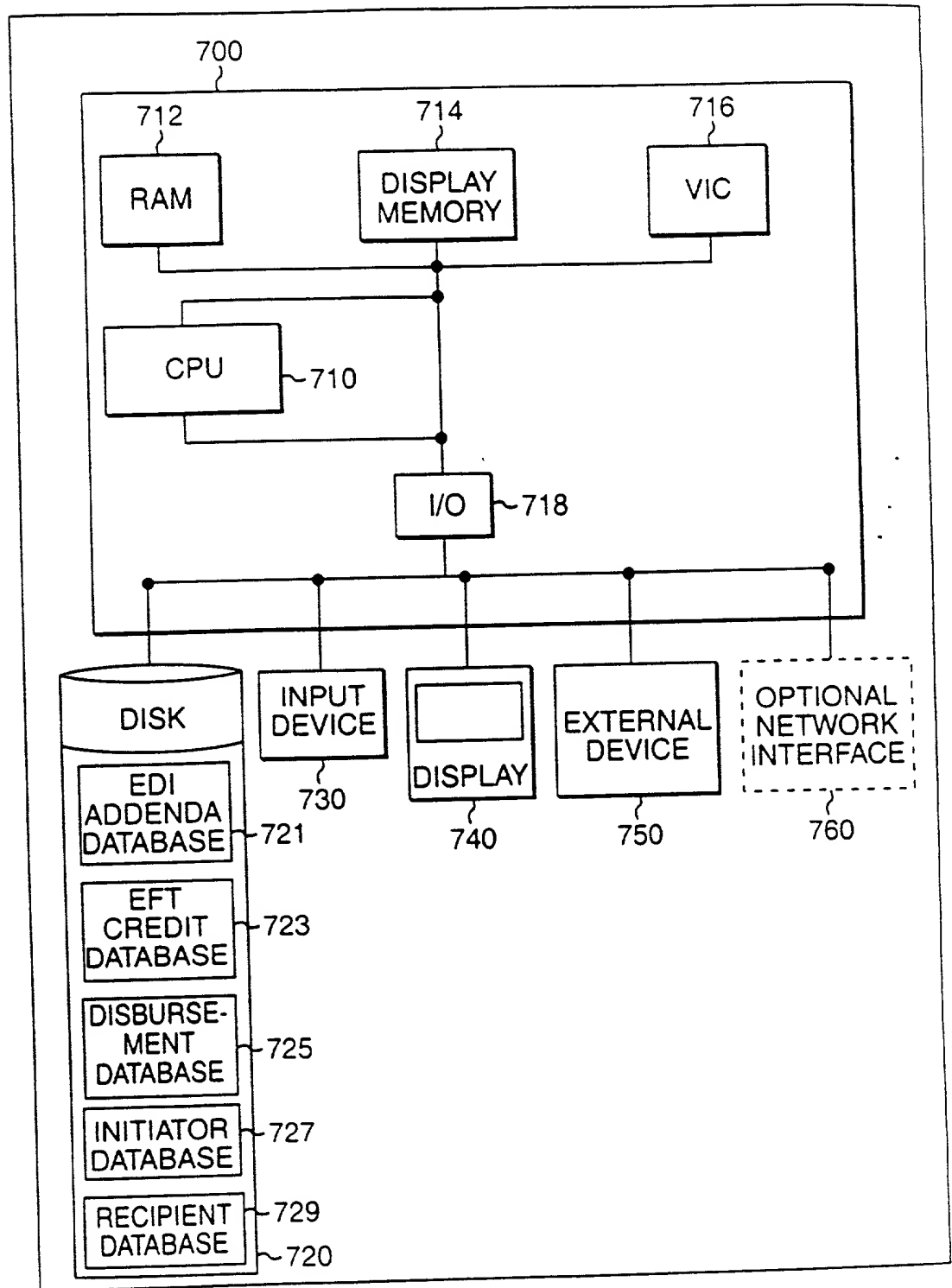


FIG. 4



**FIG. 5**

**FIG. 6**

**FIG. 7**

FIELD	1	2	3	4	5	6	7	8	9	10	11
DATA ELEMENT NAME	RECORD TYPE CODE	TRANSACTION CODE	RECEIVING DFI IDENTIFICATION	CHECK DIGIT	DFI ACCT NUMBER	AMOUNT	IDENTIFICATION NUMBER	RECEIVING COMPANY NAME	DISCRETIONARY DATA	ADDENDA RECORD INDICATOR	TRACE NUMBER
FIELD INCLUSION REQUIREMENT	M	M	M	M	R	M	O	R	O	M	M
CONTENTS	'6'	NUMERIC	TTTTAAAA	NUMERIC	ALPHANUMERIC	\$\$\$\$\$\$\$\$	ALPHANUMERIC	ALPHANUMERIC	ALPHANUMERIC	NUMERIC	NUMERIC
LENGTH	1	2	8	1	17	10	15	22	2	1	15
POSITION	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-76	77-76	79-79	80-94

FIG. 8A



FIELD	1	2	3	4	5	6	7	8	9
DATA ELEMENT NAME	RECORD TYPE CODE	TRANSACTION CODE	RECEIVING DFI IDENTIFICATION	CHECK DIGIT	DFI ACCOUNT NUMBER	TOTAL AMOUNT	IDENTIFICATION NUMBER	NUMBER OF ADDENDA RECORDS	RECEIVING COMPANY NAME/ID NUMBER
FIELD INCLUSION REQUIREMENT	M	M	M	M	R	M	O	R	R
CONTENTS	'6'	NUMERIC	TTTTAAAA	NUMERIC	ALPHANUMERIC	\$\$\$\$\$\$\$\$	ALPHANUMERIC	NUMERIC	ALPHANUMERIC
LENGTH	1	2	8	1	17	10	15	4	16
POSITION	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-58	59-74

FIELD	10	11	12	13
DATA ELEMENT NAME	RESERVED	DISCRETIONARY DATA	ADDENDA RECORD INDICATOR	TRACE NUMBER
FIELD INCLUSION REQUIREMENT	N/A	O	M	M
CONTENTS	BLANK	ALPHANUMERIC	NUMERIC	NUMERIC
LENGTH	2	2	1	15
POSITION	75-76	77-78	79-79	80-94

FIG. 8B

FIG. 9A

FIELD	1	2	3	4	5
DATA ELEMENT NAME	RECORD TYPE RECORDING	ADDENDA TYPE CODE	PAYMENT RELATED INFORMATION	ADDENDA SEQUENCE NUMBER	ENTRY DETAIL SEQUENCE NUMBER
FIELD INCLUSION REQUIREMENT	M	M	O	M	M
CONTENTS	'7'	'0.5'	ALPHANUMERIC	NUMERIC	NUMERIC
LENGTH	1	2	80	4	7
POSITION	01-01	02-03	04-83	84-87	88-94

FIG. 9B

ELEMENT	COMMENTS	CONTENT	ATTRIBUTES		
			1	2	3
DED01	SEGMENT IDENTIFIER	DED	M	ID	3/3
DED02	APPLICATION IDENTIFIER	CS	M	ID	2/2
DED03	CASE IDENTIFIER	XXXXXXXXXX	M	AN	1/20
DED04	PAY DATE	YYMMDD	M	DT	6/6
DED05	PAYMENT AMOUNT	\$\$\$\$\$\$\$\$CC	M	N2	1/10
DED06	NON-CUSTODIAL PARENT SOCIAL SECURITY NUMBER	XXXXXXXXXX	M	AN	9/9
DED07	MEDICAL SUPPORT INDICATOR	'Y'-YES, 'N'-NO	M	AN	1/1
DED08	NON-CUSTODIAL PARENT NAME	XXXXXXXXXX	O	AN	1/10
DED09	FIPS CODE	XXXXXX	O	AN	5/7
DED10	EMPLOYMENT TERMINATION INDICATOR	'Y'-YES	O	AN	1/1

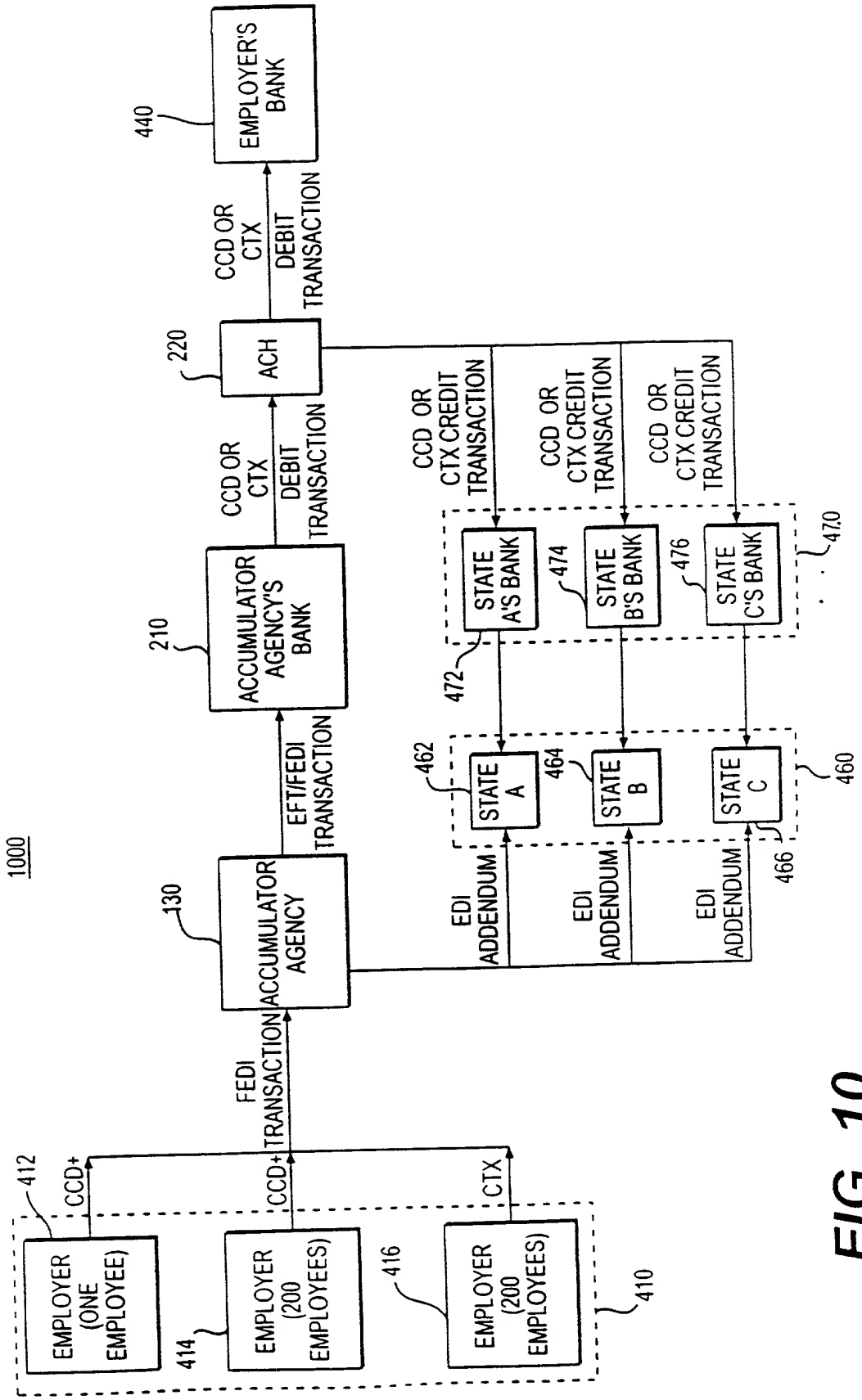
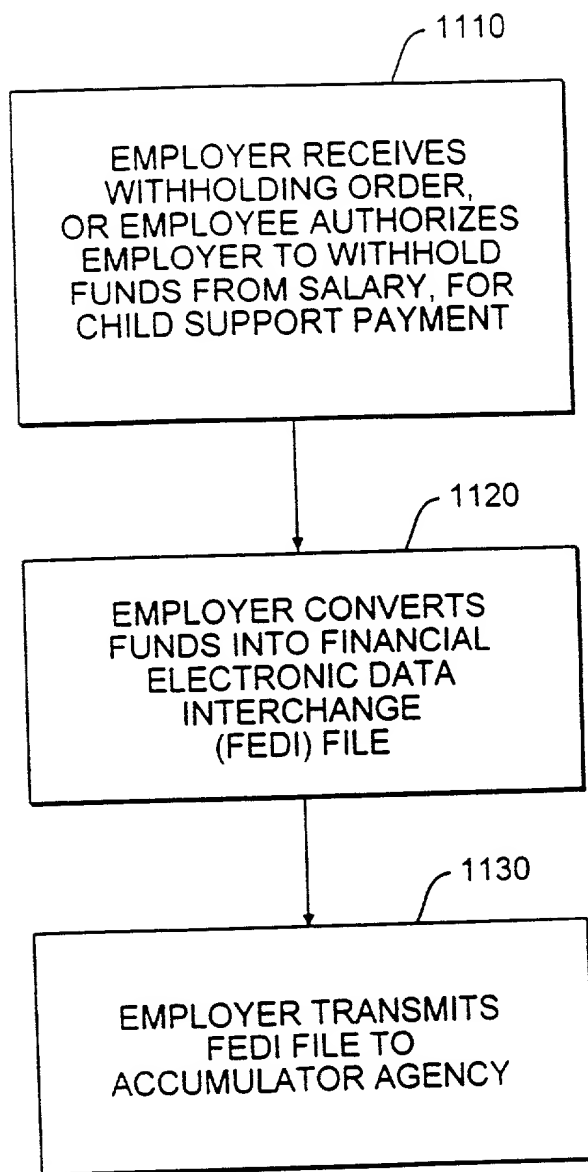
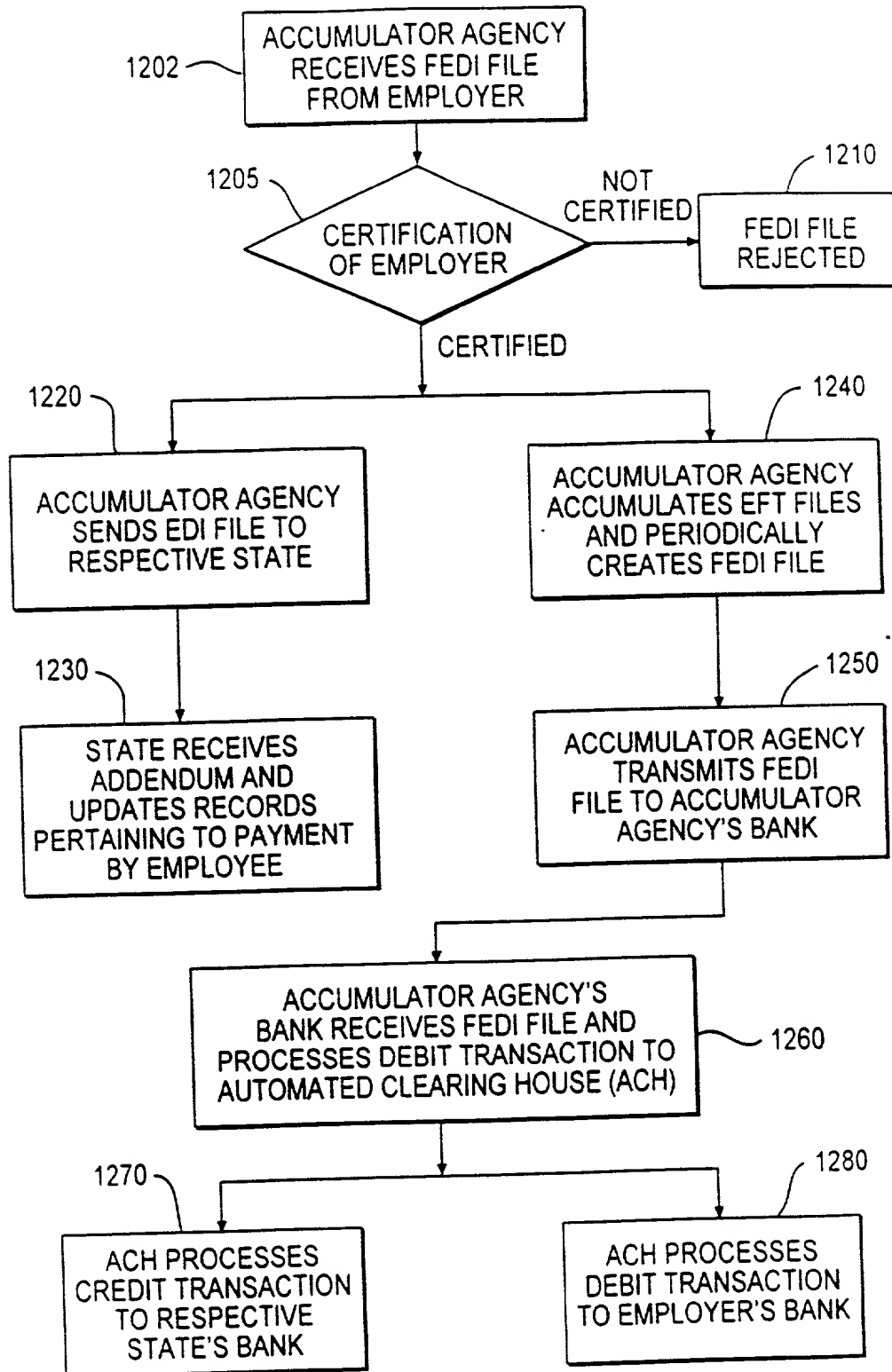


FIG. 10



**FIG. 11**



**FIG. 12**

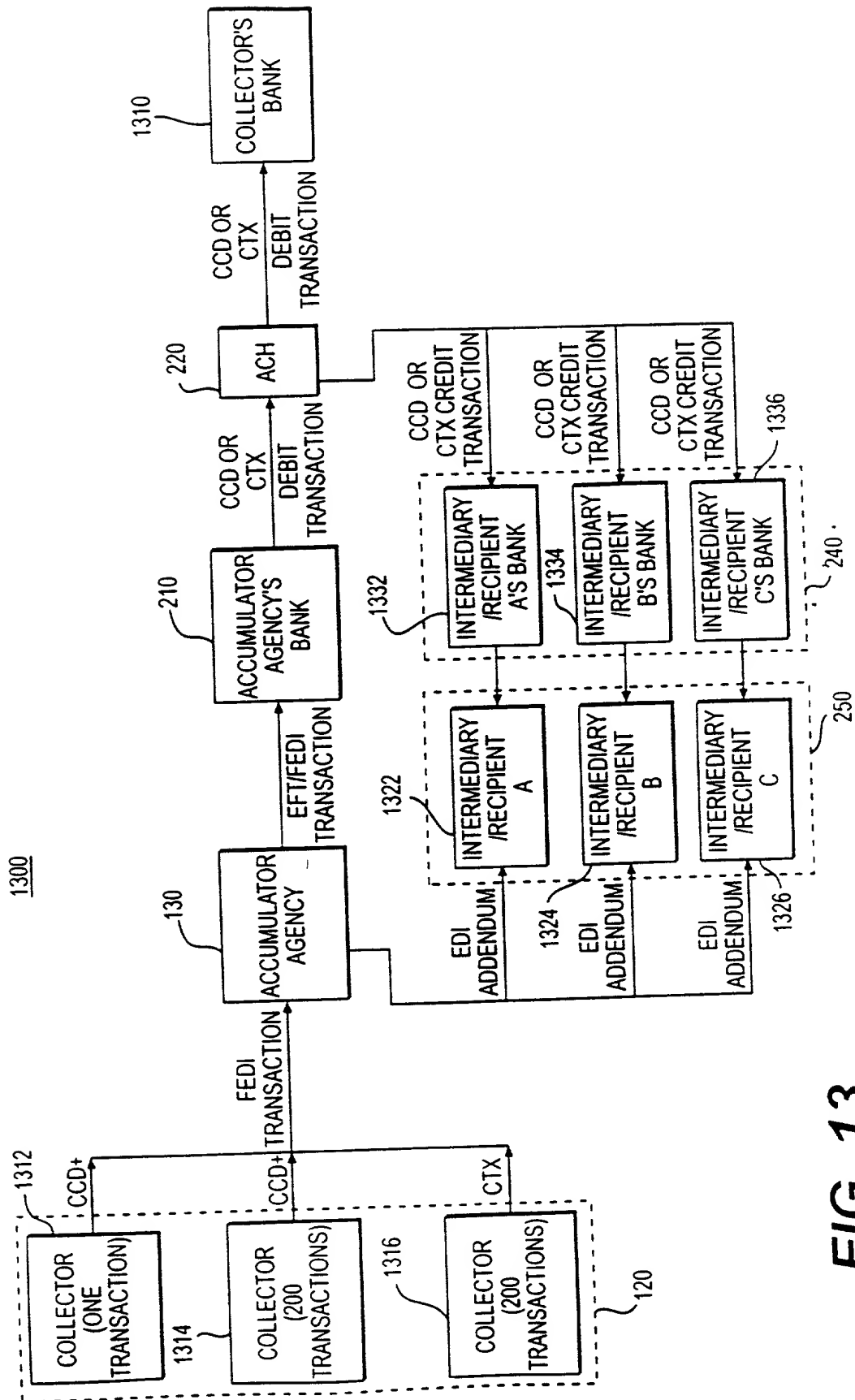
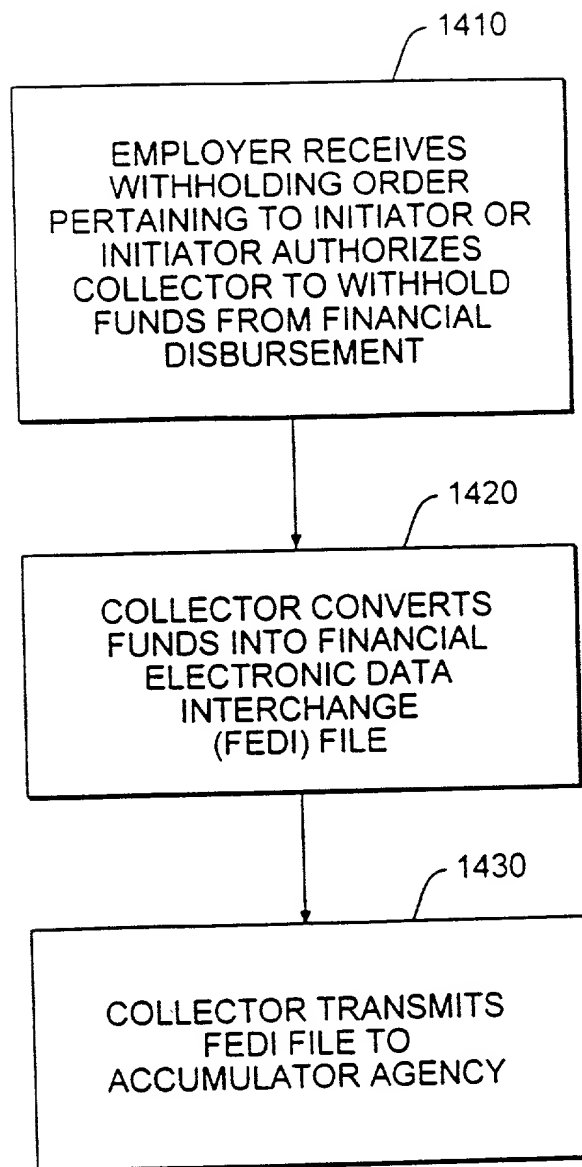
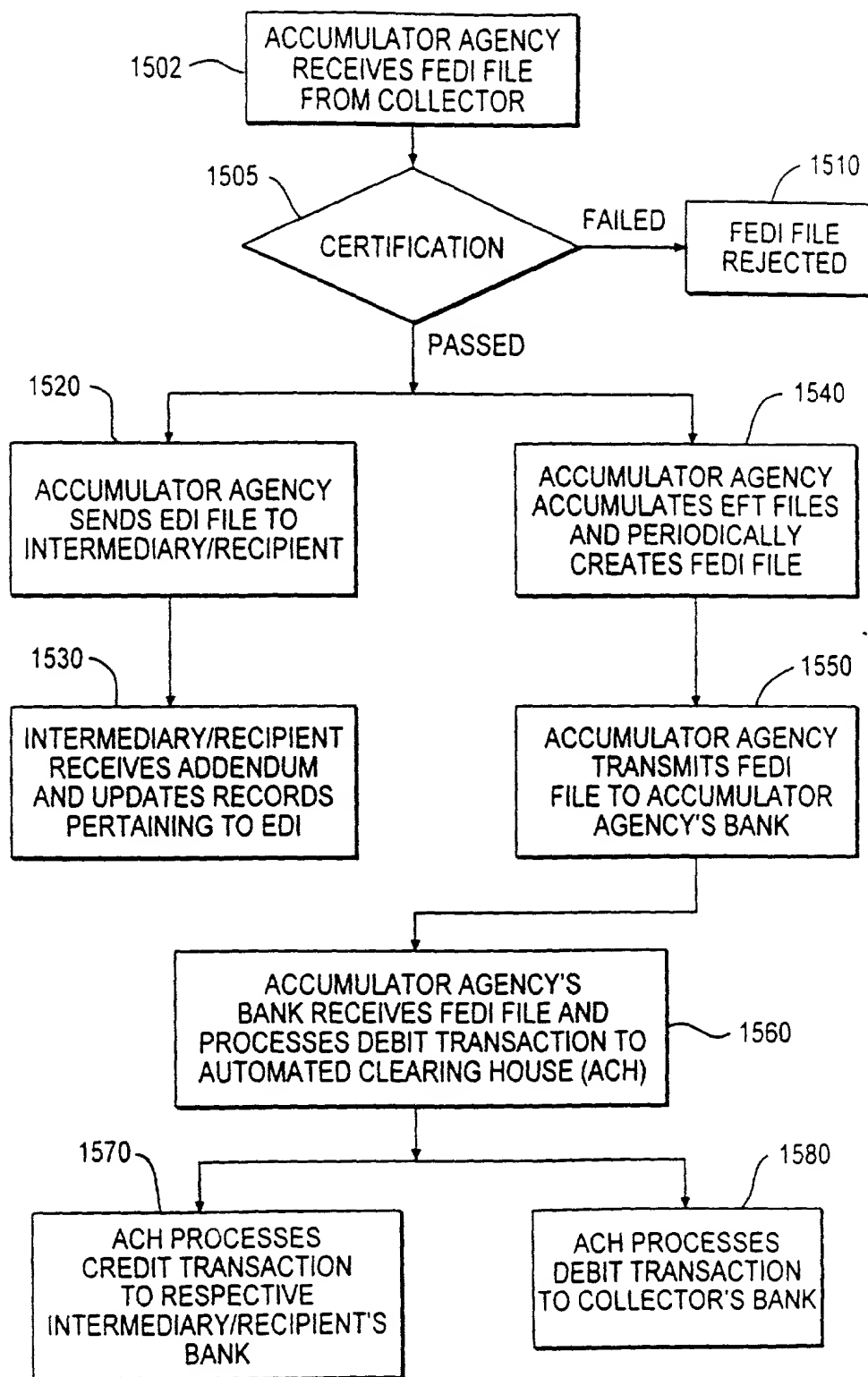


FIG. 13



**FIG. 14**



**FIG. 15**



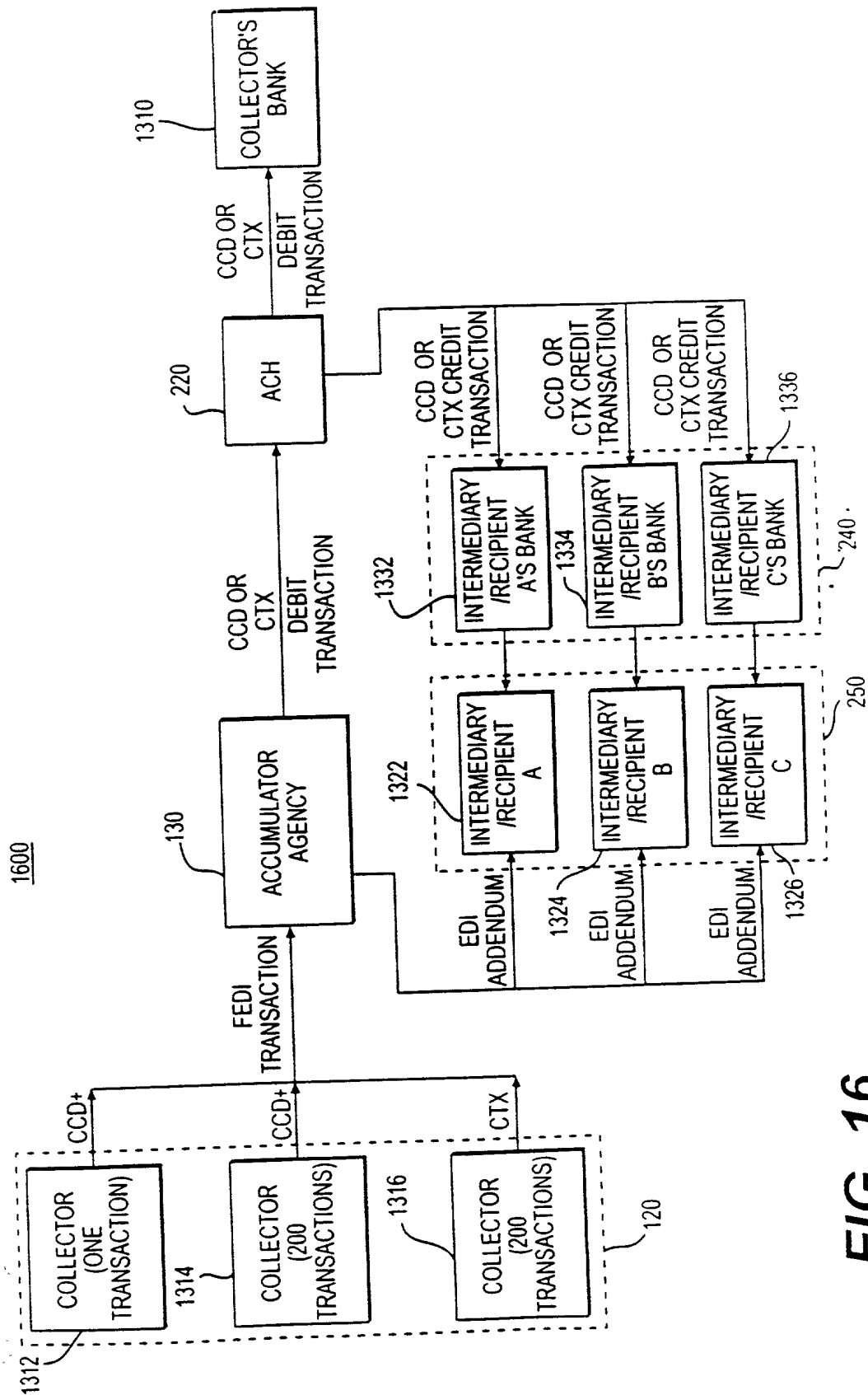


FIG. 16

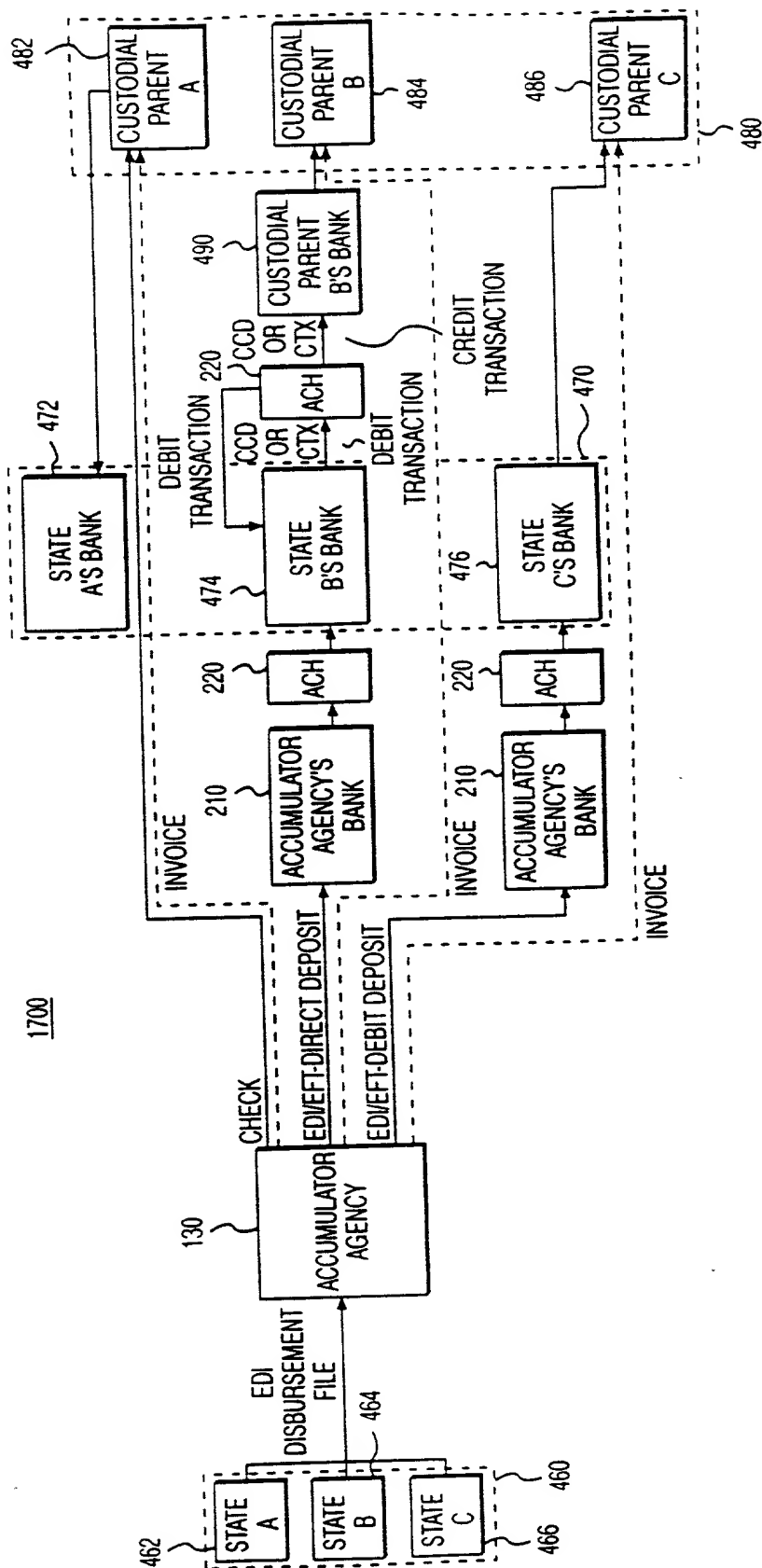
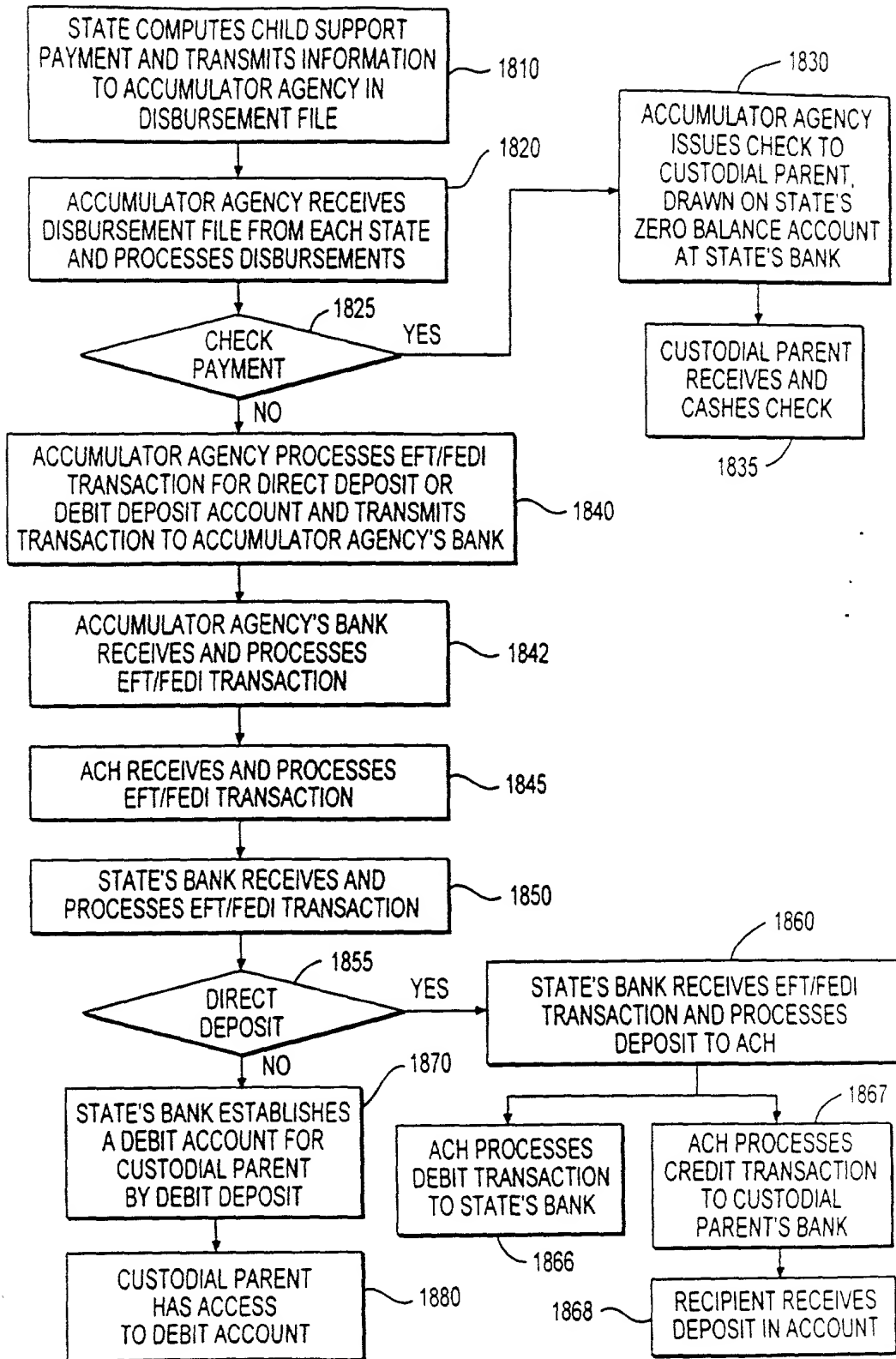


FIG. 17



**FIG. 18**

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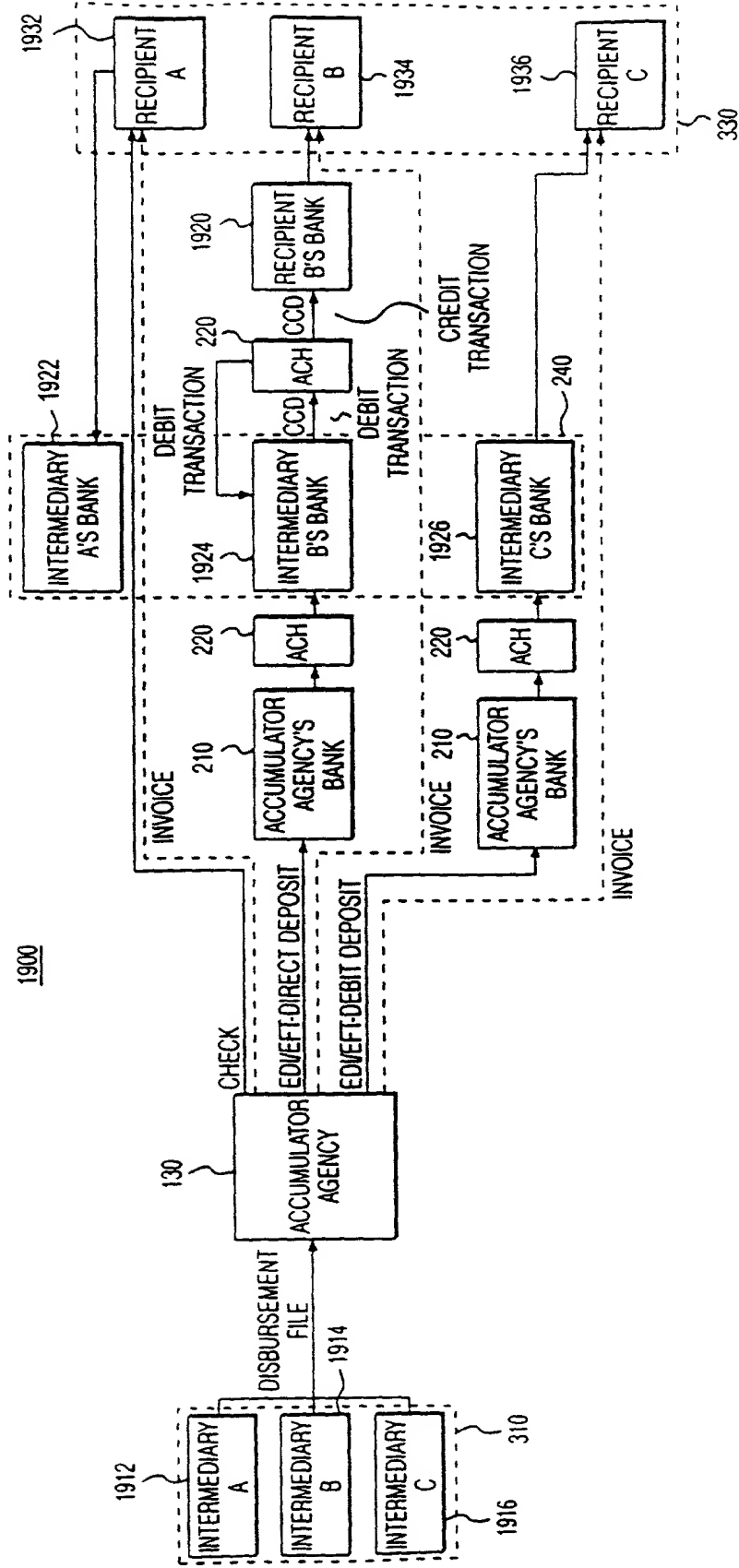
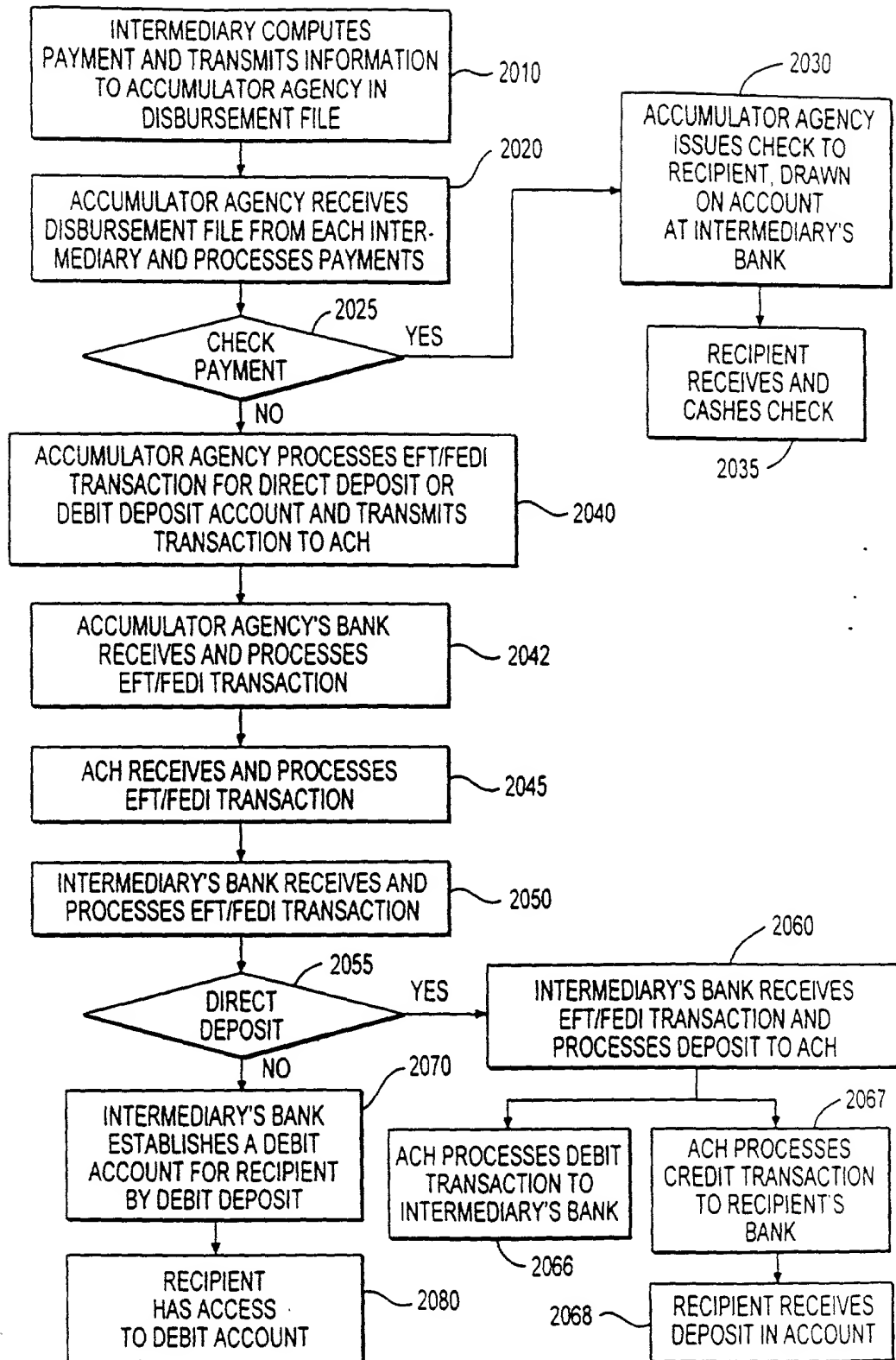


FIG. 19



**FIG. 20**

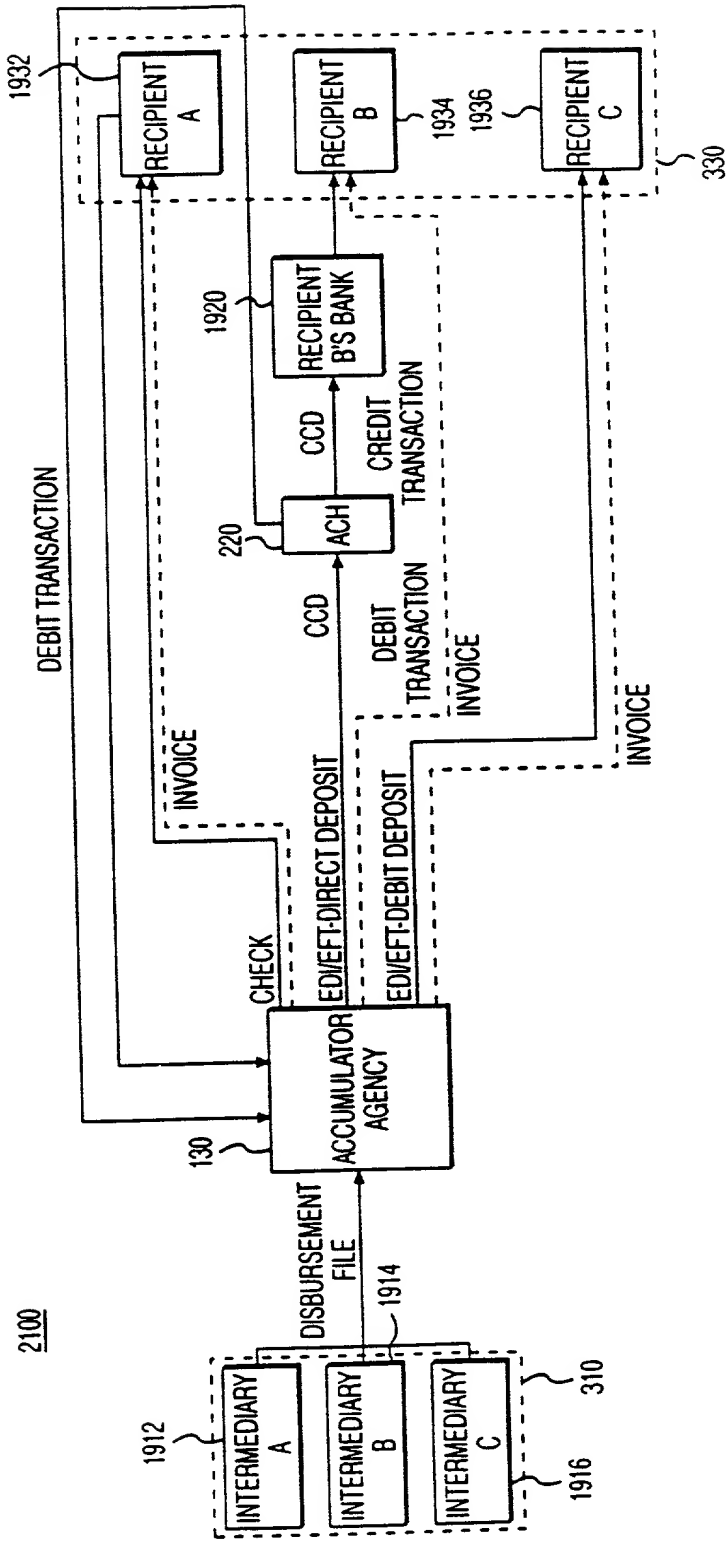


FIG. 21